Chiropractic in the United States Military Health System: A 25th-Anniversary Celebration of the Early Years

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Abstract

Objective: The purpose of this report is to record noteworthy events that occurred during the early years of chiropractic in the United States Military Health System (MHS).

Methods: We used mixed methods to create this historical account, including documents, artifacts, research papers, and reports from personal experiences.

Results: Chiropractic care was first included in the MHS in 1995, after years of legislative activity. The initial program was a 3-year study of the feasibility and advisability of integrating chiropractic in the MHS. This period was called the Chiropractic Health Care Demonstration Project; 20 pioneering chiropractors began their MHS journeys at 10 military bases in fiscal year 1995. The Demonstration Project was extended for 2 more years to gather research data, and 3 additional military facilities were added during those years to accomplish that purpose. The Demonstration Project concluded in 1999. In 2000, Congress approved the development of permanent chiropractic services and benefits for members of the uniformed services. These new clinics opened in 2002.

Conclusion: This is the first article to chronicle the history of chiropractic in the MHS, and highlights some of the important events in the early years of chiropractors working within the MHS. Because of the efforts of the early MHS chiropractors to pave the way for a permanent chiropractic benefit for the deserving members of the United States uniformed services, chiropractic care is now offered at more than 60 United States military facilities. (J Chiropr Humanit 2020;27;37-58)

Key Indexing Terms: *Chiropractic; Military Health Services; History; Hospitals, Military*

Introduction

Chiropractic is a licensed health care profession in most world regions. The greatest number of doctors of chiropractic (DCs) are in the United States, where there are approximately 77 000 practitioners.[1] Patients have direct access to chiropractic care, meaning that no referral is necessary from another provider for a patient to receive chiropractic care. Thus, most chiropractors operate at the primary level of health care, where they work with other health care professionals.[2] Problems of the neuromusculoskeletal system are the most common conditions seen by chiropractors.[2] However, chiropractors do not merely focus on the biomechanical aspects of human health. Psychological, social, and environmental relationships present in the biopsychosocial model of care are also a mainstay of practice and philosophy.[3]

Doctors of chiropractic have humbly served the men and women of the United States military by providing chiropractic care in the Military Health System (MHS) for 25 years. Chiropractors are independent licensed practitioners for all 3 branches of the military (Army, Navy, Air Force). Presently, chiropractors are civilian providers of chiropractic care to members of the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration. In some special cases, chiropractors provide care for civilians, including national leaders and politicians at the US capitol.[4]

Doctors of chiropractic are credentialed at the headquarters (ie, command) of the military facility where they work and are granted hospital privileges at the health care facilities associated with that command. Chiropractors receive basic (ie, core) privileges at their commands, including permission to perform essential functions as chiropractors in the MHS. Core privileges include procedures such as joint manipulation and other chiropractic techniques, soft tissue techniques, therapeutic exercise, and the use of physiotherapeutic modalities. They also include ordering axial skeletal radiography and standard laboratory tests and assigning service members to

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quarters or limited light duty.[5] Upon evidence of proper training and proficiency, chiropractors may be granted supplementary privileges, such as ordering advanced diagnostic imaging, additional laboratory tests, and electromyography and nerve conduction velocity studies.[6]

At many MHS locations, patients have direct access to chiropractic care. Chiropractors are often the first provider to care for patients' musculoskeletal concerns. Chiropractors at all military treatment facilities (MTFs) receive referrals from other professionals. They may be integrated into primary, secondary, and tertiary levels of care, serving on interprofessional teams. According to the MHS health care administrator TRICARE, there are 60 locations where doctors of chiropractic provide care in the continental United States, 3 in Germany, and 1 in Japan.[7] However, some commands offer several locations for chiropractic services, and not all clinics are listed on the TRICARE website.[8] Chiropractors are located at hospitals, special forces commands, air stations, submarine stations, infantry training schools, combat casualty care centers, chronic pain clinics, sports medicine clinics, and other environments.[8]

However, chiropractors have not always had the opportunity to provide their services in these positions. In fact, chiropractic care was not available at military facilities until 1995, and the locations that offered chiropractic services were limited compared to today's MTF offerings. The early chiropractors in the MHS were pioneers who stepped onto uncharted grounds, endured considerable struggles, and received deserved accolades. Despite a proud legacy and continuing presence in the MHS, the history of chiropractic in the MHS has never been told. The purpose of this article is to record and highlight some of the noteworthy events of the first years of chiropractic in the MHS.

Methods

This is a sociopolitical history that focuses on the development of government policies and the history of the people affected by them.[9] We constructed this report by integrating several sources of information. Government documents were retrieved from open sources. Notes from minutes of key meetings were obtained from meeting attendees. We reviewed personal correspondence with various individuals. We also reviewed our personal collections of photos and other memorabilia for content and asked other chiropractors to contribute additional artifacts. Two prior reviews of the literature on chiropractic care for military and veteran service members provided the bulk of the peer-reviewed evidence for this review.[10,11]

Because we desired to create a richness to this historical account, we intentionally infused our experiences from our time with the MHS as examples. Our perspective is that we were involved with the MHS between the years 1993 and 2019, with a combined 56 years of MHS experience. Because this is a historical article written by chiropractors who lived it, we have used both first- and third-person perspectives throughout.

We elected to focus on 3 distinct phases of the introduction of chiropractic into the MHS. The initial phase included events leading up to the Chiropractic Health Care Demonstration Project. The next phase was a 5-year trial, the Demonstration Project, with no degree of certainty that chiropractic services would continue. The last phase of 5 years represents when the US government determined that chiropractic would be a permanent benefit for US uniformed services, based on the success of the first 5 years. Further expansions of the benefit came several years later.

Our experiences also represent 3 waves of chiropractor contributions in the evolution of chiropractic in the MHS over the period of study. Richard Beacham represents before the program started, the planning and oversight, and then as a provider in the permanent-benefit phase. Scott Gilford was 1 of the first chiropractors in the MHS and served for nearly 25 years, representing both the Chiropractic Health Care Demonstration Project and the permanent-benefit phases. Bart Green was 1 of the early chiropractors in the permanent-benefit phase. Each of our perspectives provides a slightly different interpretation of the events during the growth of chiropractic in the MHS (Fig 1).

Results

Before the Chiropractic Health Care Demonstration Project

Several pieces of legislation led to the eventual placement of chiropractors in military facilities.[8] Two of these acts caused military leaders to become aware that further legislation pertaining to the inclusion of chiropractors in the MHS was forthcoming (letter from Richard Beacham to Congressman John Kyl, June 21, 1993). In the Department of Defense Authorization Act of 1985, Congress directed the secretary of defense to conduct a study to evaluate the cost-effectiveness of chiropractic.[12] This was followed by the National Defense Authorization Act for Fiscal Year 1993, which allowed the US military to appoint chiropractors as commissioned officers.[13]

The early 1990s were times of cultural change in health care that reduced barriers for chiropractors to join collaborative health care teams. In 1987, the American Hospital Association had finally changed its antichiropractic stance to allow hospitals to grant privileges to doctors of chiropractic.[14] In 1988, a judge's decision had resulted in an injunction clarifying that the American Medical Association could no longer impede medical doctors from collaborating with chiropractors.[15] These actions created opportunities for chiropractors to provide services where they were not allowed before. Up to this point in time, no chiropractic care had been included in hospitals or in health services for the military. Further lobbying and legislation would be needed, in addition to someone who could understand and communicate in the different worlds of chiropractic and the military.

Fig 1. *Timeline of 3 periods in the evolution of chiropractic in the Military Health System, 1985-2005. These include prior events (brown), during the demonstration (blue area), and afterwards (green).*

Richard Beacham, DC, became a key figure in the development of MHS chiropractic services. He understood both chiropractic and military culture and customs, having simultaneously been a chiropractor and a naval officer. He possessed extensive experience as a naval aviator, including 3 combat cruises in Vietnam and 2 flight instructor tours. He served in the Naval Reserve for 15 years after 11 years of active duty, retiring as a captain. During his years in the Naval Reserve, he was a practicing chiropractor, chiropractic college clinical professor, and college administrator. His role in the birthing process of chiropractic in the military was crucial.

Beacham's involvement in military chiropractic affairs began with an introduction to Arlan Fuhr, DC, also a Navy veteran and a coinventor of the Activator adjusting instrument.[16] They were introduced to each other by a mutual friend, Bernard Coyle, MA, PhD (letter from Richard Beacham to Arlan Fuhr, April 14, 1993). At that time, Fuhr served as the treasurer for the election campaign of Congressman John Kyl, cochairman of the Military Personnel Subcommittee of the House Armed Services Committee. Beacham and Fuhr corresponded in April 1993 about the possibility of the MHS adding chiropractic to its range of services, and Beacham shared his desire to be involved in the process (letter from Richard Beacham to Arlan Fuhr, April 14, 1993). Additional activities to introduce chiropractic into the MHS were occurring in the office of Senator Strom Thurmond. Beacham was thereafter asked to visit the Pentagon. On June 17, 1993, Beacham engaged in preliminary conversations about how chiropractic might be introduced into the MHS with Rear Admiral Edward Martin, MD (letter from Richard Beacham to Edward Martin, June 21, 1993), the acting assistant secretary of defense for health affairs, and Congressman Kyl (letter from Richard Beacham to Congressman John Kyl, June 21, 1993).

Behind the scenes, lobbyists and officers of organizations, politicians, and military leaders were having discussions about what might be the future of chiropractors in the MHS. However, there is little information available to describe who was involved or what activities transpired. Although activities about chiropractic care for military members were occurring, whether it would become reality was not yet known.

The Chiropractic Health Care Demonstration Project

The National Defense Authorization Act for Fiscal Year 1995 was passed during the 103rd Congress on January 25, 1994. This act announced publicly that the military would include chiropractic in the MHS, at least temporarily. A section of the act introduced by Senator Thurmond from South Carolina and lobbied for by the American Chiropractic Association[17] directed that the Department of Defense was to establish a 3-year trial project at no fewer than 10 MTFs, starting in 1995, to assess the feasibility and advisability of integrating chiropractic care in the MHS.[18] This became known as the Chiropractic Health Care Demonstration Project (CHCDP). The first paragraph of section 731 of the National Defense Authorization Act for Fiscal Year 1995, designating the CHCDP, stated:

SEC 731. CHIROPRACTIC HEALTHCARE DEMONSTRATION PROGRAM.

(a) Requirement for Program. − (1) Not later than 120 days after the date of enactment of this Act, the Secretary of Defense shall develop and carry out a demonstration program to evaluate the feasibility and advisability of furnishing chiropractic care through the medical care facilities of the Armed Forces. The Secretary of Defense shall develop and carry out the program in consultation with the Secretaries of the military departments.[18]

The act required the CHCDP to have an oversight advisory committee (OAC) consisting of representatives from the comptroller general of the United States, the assistant secretary of defense for health affairs, the surgeons general of the Army, the Air Force, and the Navy, and a minimum of 4 representatives from the chiropractic profession.[18]

Activities to start the CHCDP began at the Pentagon after the passage of the act. However, at the time of this writing, there was little evidence to support such activity. It is known that in February of 1994, Stephen C. Joseph, MD, MPH, was nominated by President William Clinton to serve as the assistant secretary of defense for health affairs. Senator Sam Nunn asked Joseph to provide written responses to questions anticipated at his confirmation hearing for the position of assistant secretary of defense for health affairs. Those questions included Joseph's thoughts on commissioning chiropractors and the role of chiropractic in military medical services.[19] The American Chiropractic Association had representatives working to influence pending legislation pertaining to a demonstration program (letter from Richard Beacham to Rick McMichael, October 14, 1994). As well, Beacham was invited back to meet with Martin about the development of a chiropractic demonstration project within military medical clinics (letter from Robert Augsberger to Richard Beacham, September 14, 1994). Personal correspondence (letter from Robert Augsberger to Richard Beacham, September 14, 1994; letter from RF Sandweg to Richard Beacham, December 8, 1994) helps to fill this gap and provide some insight into early work on the CHCDP, as Beacham recounts (Fig 2).

Meetings of the OAC were not swiftly forthcoming after the passage of the act. The first meeting occurred on December 12, 1994 (letter from Susan Bailey to Richard Beacham, December 6, 1994), with a looming deadline of implementation in the next year. The OAC members representing the chiropractic profession are listed in Figure 3.[20]

After the first meeting of the Demonstration Project OAC, a series of activities ensued in haste to get the program up and running, as it was meant to be operational in fiscal year 1995, which had already commenced. By January 1995, the military surgeons general had nominated 10 MTFs as potential demonstration sites, selection criteria for chiropractors had been drafted, and the OAC had had its second meeting. The first report to Congress on the

About 9 months after the passing of the National Defense Authorization Act for Fiscal Year 1995, on September 23, 1994, I was again invited by Dr Edward Martin, Assistant Secretary of Defense for Health Affairs, to a second meeting where discussions were begun regarding the CHCDP. Further meetings were held in October and November when I was asked by the Assistant Secretary of Defense for Health Affairs to consider activation in the US Navy or accept a contract with the office of the Assistant Secretary of Defense for Health Affairs as consultant to assist in the future chiropractic demonstration.

After my initial interview with Dr. Martin, I felt it prudent to obtain permission to wear my Navy uniform while performing duties for the office of the Assistant Secretary of Defense for Health Affairs. I contacted the Chief of Staff of the Commander Naval Air Reserve Forces and was told it was permissible as long and it was not for personal gain. This was December 8, 1994. As of yet, there had been no meeting of the OAC to oversee the CHCDP, due to start in 1995.

In 1995, I was appointed as a Senior Policy Consultant to the Office of Clinical Services of the Assistant Secretary of Defense for Health Affairs. I provided frequent advice to the OAC and key decision makers. Military vocabulary and chiropractic jargon were a frequent source of misunderstanding at OAC meetings. Understanding both, I could act as an interpreter for both sides. I also served as a point person for the members of the chiropractic community who were on the OAC. On many occasions I would forward their materials to the military leaders and others on the OAC. My activities also included providing feedback to military offices on contract language, advice on equipping the chiropractic clinics, performance measures, and review of the *Chiropractic Health Care Demonstration Project Implementation Guide.*

Military officers did not always understand what environments chiropractors worked in or what conditions they treated. On 1 occasion, I was asked to visit Naval Hospital Jacksonville to participate in a meeting to review applications for the 2 positions open at that MTF. On 1 application a chiropractor wrote that he was a certified rodeo chiropractor. When read aloud at the meeting almost everyone began laughing. Then I explained that rodeo competition involved many falls, collisions, and repeated jarring. This resulted in many sprain/strain type injuries, not just broken bones. I explained how chiropractors were excellent at handling these types of injuries and the panel had a new respect for what chiropractors did.

Fig 2. *Early Activities for the Demonstration Project from the senior policy consultant's view—Richard Beacham.*

Ronald C. Evans, DC -- Foundation for Chiropractic Education and Research
Peter Ferguson, DC -- Federation of Chiropractic Licensing Boards
George Goodman, DC -- Association of Chiropractic Colleges
Rick McMichael, DC -- Congress of Chiropractic State Associations
Reed Phillips, DC, PhD -- Council on Chiropractic Education

Fig 3. *Members of the chiropractic profession represented on the Chiropractic Health Care Demonstration Project Oversight Advisory Committee.*

progress of the CHCDP was submitted by the Office of the Assistant Secretary of Defense for Health Affairs on March 2, 1995. During this time, Beacham attended all meetings of the OAC (Fig 4).

By the spring of 1995, work had begun on methods to secure chiropractors for the inaugural CHCDP positions. Each of the military branches with health care (ie, Army, Air Force, Navy) was required to hire chiropractors. However, leaders of medical services for each of these branches had little knowledge of what chiropractors did, what they required to provide their services, or what their education entailed. Thus, civilian chiropractors were procured. The Navy screened its chiropractors and contracted with them directly through the Naval Medical Logistics Command, in Fort Detrick, MD. The Army and the Air Force outsourced their hiring to a civilian contracting company, Aliron International, Inc. Job postings for chiropractors to work in the CHCDP were released around May 1995 (Fig 5).[21]

The Office of the Assistant Secretary of Defense for Health Affairs contacted the American Chiropractic Association and was informed that Jon Buriak, DC, had been active in military affairs while working at Logan College of Chiropractic. Buriak was subsequently hired by Aliron to assist in the screening and hiring of chiropractors for the Army and Air Force. He was the first person to review applications for the CHCDP and then forward those accepted to MTFs for review and possible hiring, and thus he played a key role in selecting the first chiropractors. Beacham assisted both Aliron and the Naval Medical Logistics Command in drafting the requirements for chiropractors, and then the OAC reviewed and approved the requirements.

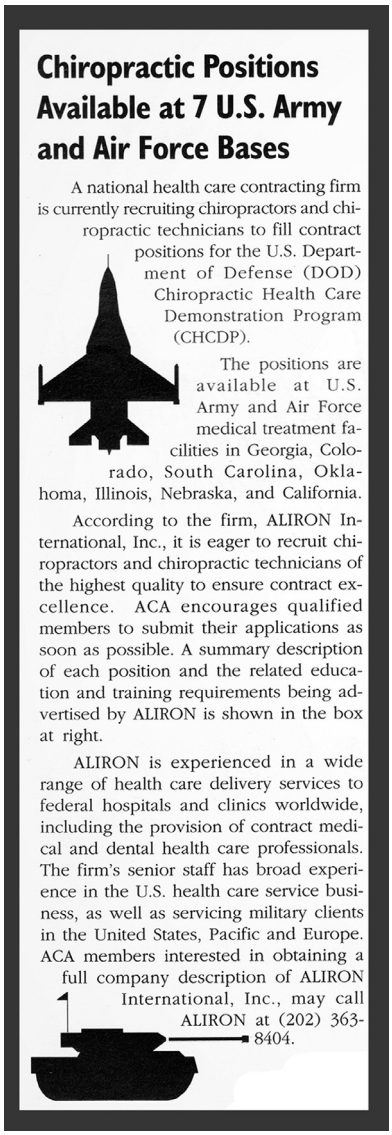
Chiropractors On Site at Military Treatment Facilities. Chiropractors were hired between July and September 1995. The hiring dates varied among MTFs.[22] Some of the chiropractors in the first group began reporting to MTFs on September 1, 1995.[23] However, the implementation manual for each base[24] was not distributed until after its approval by the OAC, which was later in September 1995 (letter from Rick McMichael to Roger Hartman, September 22, 1995). Thus, these early chiropractors and their MTF administrators initially had no manual, but they were adept at creating solutions using available resources and ingenuity. All base facilities were operational by November of 1995.[23] The first 10 MTFs were 3 Navy sites, 4 Army sites, and 3 Air Force sites, which are shown in Figure 6.[24]

Fig 4. *Captain Richard Beacham, DC, speaking as a consultant to the assistant secretary of defense for health affairs at an Oversight Advisory Committee meeting. Photograph courtesy of Richard Beacham.*

The first 20 doctors of chiropractic to work in the MHS were 19 men and 1 woman. The chiropractors were from various backgrounds. Some had served in the military or were from military families. Most were from private practices, and a few of them had previously worked at chiropractic colleges as clinical faculty. The chiropractors in the CHCDP are listed in Appendix A.

The Demonstration Project was to be a 3-year program, with no guarantee that it would continue after that. Despite this fact, several of the doctors accepted positions outside of their area of residence. Rather than move their families and sell their practices, a few decided to live as "geographic bachelors." They hired associates or brought on business partners to run their practices and had their families stay put while they moved to their designated MTFs. Some were several states away. This was a personal sacrifice that represented their dedication to the CHCDP.

Despite the CHCDP being a government program and having an OAC, there was (and still is) no centralized office for chiropractic care in the MHS. Thus, the CHCDP chiropractors met as a group only twice, at meetings sponsored by Logan College of Chiropractic and Palmer College of Chiropractic (Fig 7).



Chiropractic Positions Available at 7 U.S. Army and Air Force Bases

A national health care contracting firm is currently recruiting chiropractors and chiropractic technicians to fill contract positions for the U.S. Department of Defense (DOD) Chiropractic Health Care Demonstration Program (CHCDP).

The positions are available at U.S. Army and Air Force medical treatment facilities in Georgia, Colorado, South Carolina, Oklahoma, Illinois, Nebraska, and California.

According to the firm, ALIRON International, Inc., it is eager to recruit chiropractors and chiropractic technicians of the highest quality to ensure contract excellence. ACA encourages qualified members to submit their applications as soon as possible. A summary description of each position and the related education and training requirements being advertised by ALIRON is shown in the box at right.

ALIRON is experienced in a wide range of health care delivery services to federal hospitals and clinics worldwide, including the provision of contract medical and dental health care professionals. The firm's senior staff has broad experience in the U.S. health care service business, as well as servicing military clients in the United States, Pacific and Europe. ACA members interested in obtaining a full company description of ALIRON International, Inc., may call ALIRON at (202) 363-8404.

Fig 5. *Job posting for Army and Air Force chiropractors. Reproduction of image courtesy of American Chiropractic Association (http://www.acatoday.org).*

Patches, logos, and slogans are part of military culture and are valued by its participants. An unknown source developed a logo for the CHCDP, which was included in the *Implementation Guide*. Sometimes chiropractors at MTFs would modify the logo for their specific location and include it in the local culture (Fig 8).

Chiropractors were exhilarated as they integrated into MTFs, learning the culture and customs and demonstrating what chiropractic care had to offer to the men and women of the US uniformed services. These chiropractors knew that they were honored to treat patients who were serving their country.

The hospital privileges (ie, procedures that providers are certified to provide health care in the MHS) that were afforded to the Demonstration Project chiropractors had been drafted by the OAC, with much input from its doctors of chiropractic. Privileges included standard chiropractic, orthopedic, and neurologic examinations (Fig 9A). Treatments included joint manipulation (Fig. 9B and 9C), soft tissue techniques, therapeutic exercise, and the use of physiotherapeutic modalities. Chiropractors had privileges to order axial skeletal radiography and standard laboratory tests, and permission to assign service members to quarters or limited light duty.[5]

During this time, Beacham continued in his role as senior policy consultant to the Office of Clinical Services of the Assistant Secretary of Defense for Health Affairs (letter from Steven Joseph to Director of Washington Headquarters Services, July 3, 1996). His primary role was to prepare the chiropractic clinics for pending accreditation visits. He provides his personal recounting of these events (Fig 10).

Chiropractic Care Well Received by Military Members. As a patient, trying to see a chiropractor was not always easy. In some facilities there were up to 27 steps required before a patient could see a chiropractor.[20] Figure 11, from the *Implementation Guide*, shows the complicated 27-step process, with several blind loops or dead ends, required to obtain a referral for chiropractic care.[24,31] Despite this complex referral process, some sites had, within a month of starting, a patient waiting list of 2 weeks or more for chiropractic care.[25]

The first wave of chiropractors endured constraints to initial implementation. Chiropractors at most MTFs could not practice for the first month that they were on base because they were required to wait for credentials from the hospital. At many bases, chiropractic equipment had not yet been ordered, so there were no chiropractic benches to work with. Further, not all MTFs had situated their chiropractors on base by the beginning of September of 1995. Some were installed even later in 1995.

Despite the rough start to the CHCDP, it was apparent early on that the program was becoming a success. As reported by the military leaders on the OAC, chiropractic services were well received by service members and increasingly boosted MTF productivity. One of the OAC officers stated that he believed that if the Air Force shut down the CHCDP that day, it would find a way to keep the chiropractors on board, which the Navy representative echoed.[30] This was impressive, considering the initial constraints endured by those early DCs.

The CHCDP was featured in an article in the July 1996 issue of *US Medicine*, a magazine that serves health care professionals working in the Department of Veterans Affairs, Department of Defense, and US Public Health Service. It was reported that 3000 patients had been treated in the first 6 months of the CHCDP. This equated to 500 patients per month across the MTFs. John Mazzuchi, PhD, deputy assistant secretary of defense for health affairs, was quoted in the *US Medicine* article regarding the acceptance of chiropractic services at the MTFs: "Obviously, from the numbers that we've had, people are not hesitant to use those services."[26]

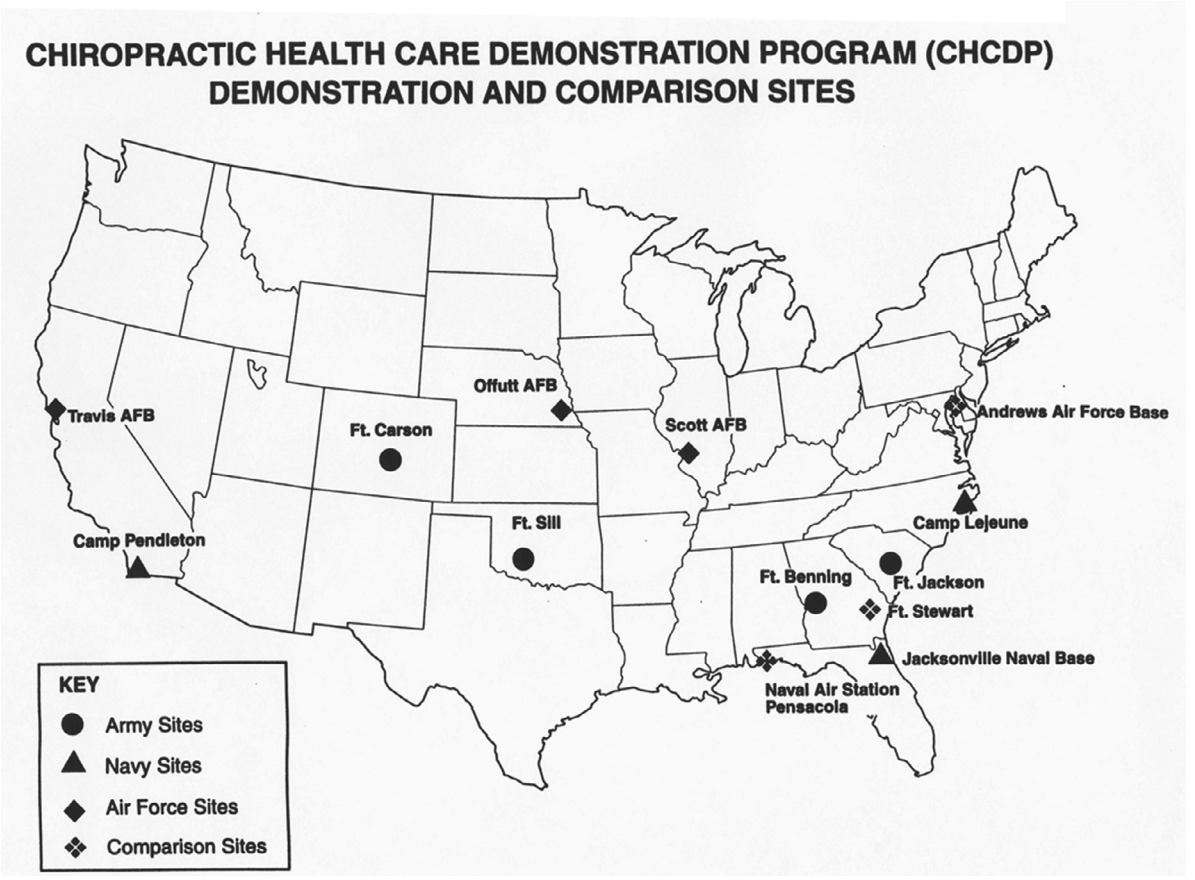


Fig 6. *Locations of the first 10 Chiropractic Health Care Demonstration Project military treatment facilities. Image reproduced from Demonstration Project Implementation Guide, in the public domain.*


DCs in Military Demo Project Meet

ST. LOUIS, Missouri — Logan College of Chiropractic and Palmer Chiropractic University

Pictured here are 18 of the 19 DCs treating at 10 U.S. military bases in the Chiropractic Health Care Demonstration project. The clinicians met at the Chiropractic Health Policy Conference at Logan College with the project's chiropractic oversight committee.

Fig 7. *Early chiropractors in the Military Health System meet at Logan College of Chiropractic, January 20-21, 1996. (Left to right) First row: Terence Kearney, Harold Crites, Perry Paschall, Donald Baldwin, Mark Alden. Second row: unidentified, Greg Lillie, Colette Peabody, Stephen Cooper, David Ward. Third row: Patrick Casey, Jeffrey Schneider, Scott Gilford, Stephen Capps, Michael Clay, unidentified, unidentified, Duane Lowe. Not pictured: Richard Kildow. Image reproduced with permission from MPA Media.*

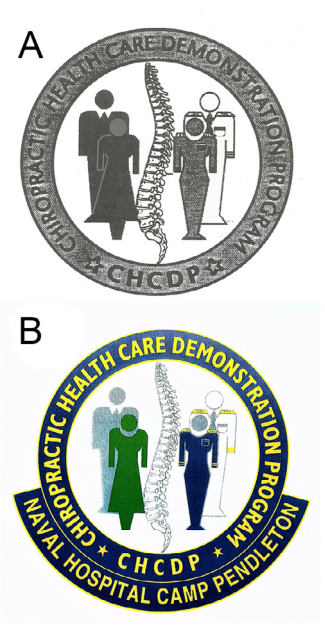


Fig 8. *(A) The Chiropractic Health Care Demonstration Project logo, reproduced from Demonstration Project Implementation Guide, in the public domain; (B) logo modified for Naval Hospital Camp Pendleton, courtesy of Scott Gilford.*

Chiropractic Health Care Demonstration Project Site: Marine Corps Base Camp Pendleton. Chiropractic services began at Camp Pendleton on October 12, 1995.[25] Naval Hospital Camp Pendleton (Fig 12) provides health care to 1 of the busiest US military installations. The largest West Coast expeditionary training facilities are located at Camp Pendleton, which covers almost 200 square miles in Southern California and bridges Orange and San Diego Counties. More than 38 000 military family members occupy base housing complexes, and there is a daytime population of 70 000 military and civilian personnel.[27]

As was the case for most of the CHCDP chiropractors, the first several weeks after joining the staff at the MTFs was exciting, new, sometimes confusing, and occasionally bewildering. Scott Gilford recounts the events he experienced with his new colleague, Jeffrey Schneider (Fig 13).

Nevertheless, equipment finally arrived. With 2 DCs, 2 chiropractic assistants, several rooms, and a large reception area, the Camp Pendleton chiropractic clinic was off to a good start (Fig. 14 and 15). Gilford and Schneider were well received by leaders of the naval hospital and the Marine Corps base. Once the chiropractic clinic staff was settled in and treating patients, the command hosted a grand opening ceremony for chiropractic services (Fig 16). Over the years, Schneider and Gilford provided chiropractic care for many leaders from the hospital and high-ranking Marine Corps officers. These influential people were important allies in the advancement to include chiropractic in the MHS.

The military is generally a transient community. Whether going on or returning from deployment, moving to or from a new base, or arriving with temporary orders, there is a constant flux of patients and providers. This constant turnover presented a challenge to the chiropractors, who desired to become networked and integrated into the system. Because of the frequent changes in military health care staff, many arriving health care providers did not know that chiropractic services were available on base and many had never worked with or understood the role of a chiropractor. To keep all providers informed, much effort was continually required by Gilford and Schneider to reintroduce themselves, describe chiropractic services, and build trust.

Presence in the hospital allowed the chiropractors to frequently meet other staff members and administrators. This facilitated opportunities to strike up conversations and gain

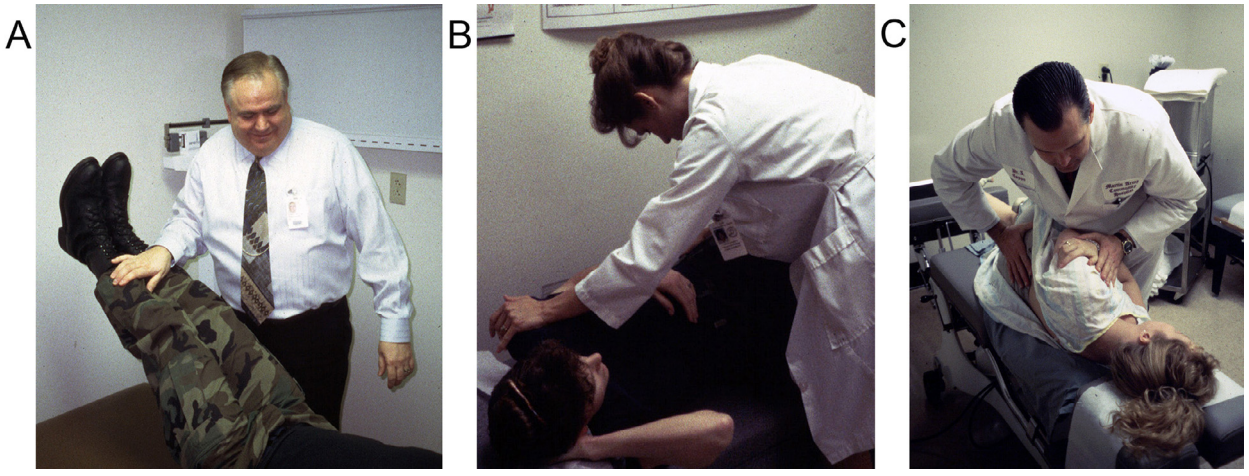


Fig 9. *(A) Perry Paschall, Travis Air Force Base, performing an orthopedic test on an airman. Photograph courtesy of Richard Beacham; (B) Colette Peabody adjusts an airman at Offutt Air Force Base. Photograph courtesy of Richard Beacham; (C) Stephen Capps treating a patient at Ft Benning. Photograph courtesy of Richard Beacham.*

I was re-appointed as a Senior Policy Consultant to the Office of Clinical Services of the Assistant Secretary of Defense for Health Affairs in 1996 (and subsequently through 2000). In my role as consultant, I assisted in the implementation of chiropractors and assistants at the 10 CHCDP sites. In early 1996, the OAC determined that it needed a consultant to be trained in Joint Commission on Accreditation of Healthcare Organizations (now known as The Joint Commission) procedures for Commission site surveys pending for several of the MTFs. I was selected for this role. After I received training in survey methods and spending 1 week at Naval Hospital Lemoore training with a Navy survey preparation team, I conducted site visits to prepare CHCDP facilities for the pending surveys. I toured all 10 of the Demonstration Project MTFs. After each MTF visit I wrote a summary report, which was reviewed by the office of the Assistant Secretary of Defense for Health Affairs. The reviewed report was then distributed to the MTF commander, MTF department head, OAC members and made available to others that might be interested.

My visits always proved to be interesting and memorable. Each visit began with a personal interview with the MTF commander. All of the commanders were very curious and courteous. They had no or very little experience with chiropractors. After reviewing the site itinerary, questions would always follow. I was once asked why chiropractors always wanted x-rays taken of their patients. I explained that x-rays were not always required but that manipulating an area of the spine that had underlying osteopenia, or bone demineralization, might not be a good thing. That commander then understood a little bit more about chiropractors' scope, training, and practice.

Fig 10. *Preparing for accreditation surveys from the senior policy consultant's view—Richard Beacham.*

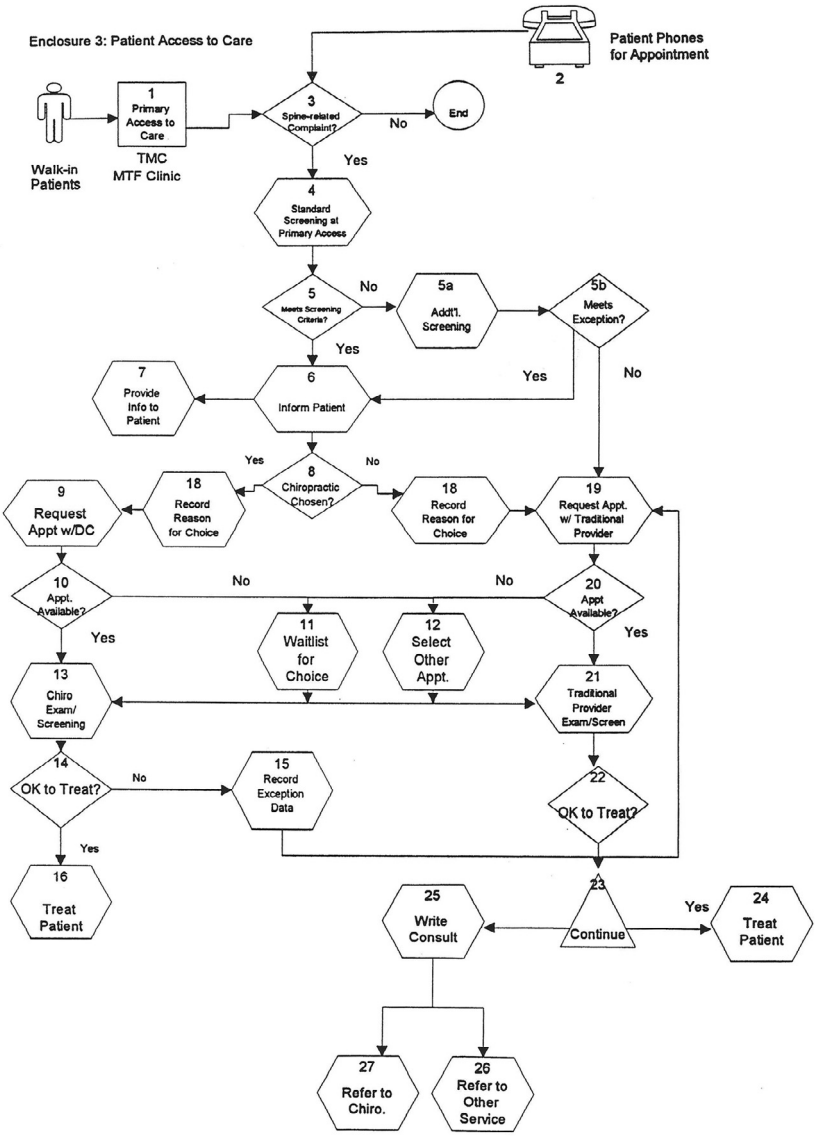


Fig 11. *The flow chart of access to care for patients to be referred for chiropractic care in the Chiropractic Health Care Demonstration Project. Image reproduced from Demonstration Project Implementation Guide, in the public domain.*

Fig 12. *Naval Hospital Camp Pendleton, December 2006. Photograph courtesy of Richard Beacham.*

the confidence of other hospital staff. Knowing Schneider and Gilford personally made other providers more confident in referring patients for chiropractic care (Fig 17)[28] and allowed them to become comfortable seeking out chiropractic care for themselves.

Starting a new service line in a hospital, particularly a military hospital, poses challenges and requires determination. The chiropractors' persistence and grit paid off, and some of these challenges had fulfilling outcomes. Gilford recalls his experience during implementation (Fig 18).

Chiropractic Health Care Demonstration Project Extended for 2 More Years. The Demonstration Project continued for its 3-year duration. However, it became evident early on that the research component of the project was taking more time than originally planned. Thus, it was determined that more time would be needed. Within the CHCDP were embedded research studies to investigate the effectiveness of chiropractic care within the military environment. Executing these studies at 10 MTFs that were just beginning chiropractic services was difficult. There were myriad issues associated with the research projects. Thus, in 1997 it was decided to extend the CHCDP for 1 year.[29]

During 1998, 3 additional bases were added to the CHCDP (Appendix B). It was hoped that running controlled research at these 3 new facilities would be more manageable, especially because the MHS assigned a research site project manager to each of these 3 MTFs. The work that the chiropractors and research consultants performed at these MTFs was important in producing outcomes that could be evaluated by the assistant secretary of defense for health affairs to determine if the CHCDP had demonstrated whether integrating chiropractic services into MHS was feasible and advisable.

The first day of my CHCDP journey began when I arrived as instructed at the flagpole in front of Naval Hospital Camp Pendleton. There I met for the first time my fellow DC, Dr Jeffrey Schneider. Within a few minutes we were formally greeted and led by a member of the hospital administration into the facility and brought directly to the command suite and into an executive steering committee meeting that was in progress. There, we made our initial introductions in front of numerous naval officers sitting around a large table. Captain Bonnie Potter, the Commanding Officer, warmly welcomed us and advised everyone present that their goal was to make the CHCDP a success. We then met our direct supervisor, LCDR Joseph Moore, who had some experience in starting new programs. He had started the Navy's first sports medicine program and was in the process of developing a Sports Medicine and Rehabilitative Therapy satellite clinic at the school of infantry.

We were then shown our future clinic on the third floor of the hospital. The hospital had been built over 20 years earlier toward the end of the Vietnam era. It was designed primarily as an inpatient facility, and our workspaces consisted of 4 empty hospital rooms and a nurse's station. There were a couple desks and chairs made available and several waiting room chairs, some of which probably had been in the facility since the hospital opened. We were informed that our clinic's equipment and supplies were being ordered from a list that they had received. The secretary who ordered the equipment acknowledged that she did the best she could, despite the fact that she was unfamiliar with most of what she ordered. The credentials department was delayed for weeks waiting for instructions on how to credential a chiropractor, since they had no prior experience with chiropractors.

We met our 2 chiropractic assistants and spent the rest of the day checking in, getting acclimated to the surroundings, and meeting other members of our department (Sports Medicine). We were identified as being a division of that department but were located in a different wing of the hospital on the same floor. Part of the initial design of CHCDP was to keep us somewhat autonomous for purposes of the research being conducted as part of the CHCDP.

After our initial opportunity to acclimate, there was a hospital computer system to learn and approximately 3 days of a hospital introductory classes to attend. There were also a number of Navy Medicine and Marine Corps customs, job types and titles, acronyms, and rank structure to become familiar with in a short period of time. None of these activities provided us with any information about the specifics of our job regarding CHCDP, which still had not been made clear and remained a mystery for weeks.

We eventually received our equipment and were given adequate latitude to organize the clinic as we saw fit. But we never lost sight of the fact that we were only temporary guests hired to demonstrate the advisability and feasibility of integrating chiropractic into their system.

Fig 13. *Into the unknown: A view from a Demonstration Project chiropractor—Scott Gilford, Marine Corps Base Camp Pendleton.*

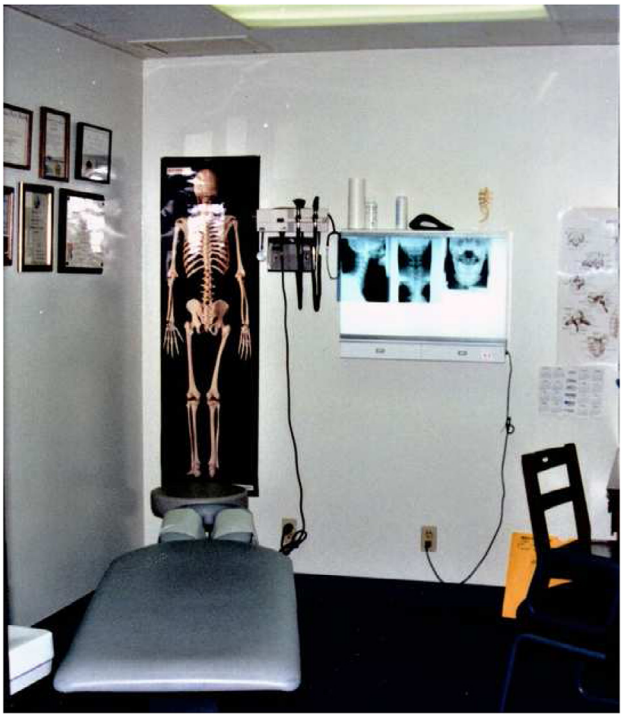


Fig 14. *One of the first chiropractic treatment rooms at Naval Hospital Camp Pendleton. Photograph courtesy of Scott Gilford.*

Chiropractors would often move from 1 MTF to another. For example, Terence Kearney briefly moved from Travis Air Force Base to Walter Reed Army Medical Center, and then settled into the National Naval Medical Center, where he still works at this time. Jon Buriak moved from his role of consultant to Aliron and began chiropractic services at Walter Reed Army Medical Center (Fig 20). Charles Stulga moved from Ft Benning to assist in opening the new services at Lackland Air Force Base with Matthew Williams, who was new to the CHCDP. William "Bill" Morgan (Fig 19) and Williams joined the ranks of the CHCDP to complete the complement of chiropractors at the new MTFs.

The following year, the CHCDP was given another extension, through the end of September 1999, in the hopes of completing the research.[29] Although the research was an important aspect of the CHCDP at the 3 new MTFs, the main mission at these facilities was to provide care to patients. Also, these MTFs were high-visibility facilities where legislators, Cabinet members, and high-ranking military officers often visited. The chiropractors at each of these MTFs were instrumental in providing a positive image of the profession to military leaders, dignitaries, and the public (Fig 21).

The CHCDP was finally considered complete in September 1999. However, it was unknown whether chiropractic care would continue to be offered in the MHS at that

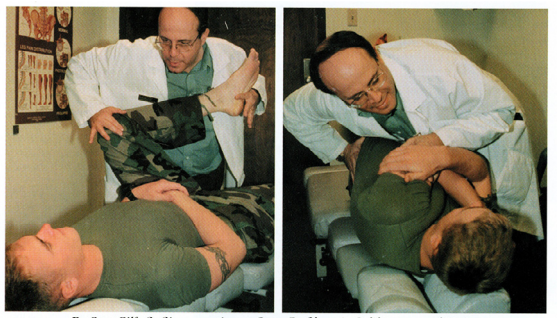
Fig 15. *First waiting area for chiropractic care at Naval Hospital Camp Pendleton. Note the chairs extending down the hallway toward the treatment rooms. Photograph courtesy of Scott Gilford.*

Chiropractic's Grand Opening at Camp Pendleton

(From left): Grand opening ceremonies of the chiropractic clinic at Camp Pendleton: Scott Gilford, DC; Capt. Bonnie Potter (hospital commander); Major General C.W. Reinke (commanding general, Marine Corps Base, Camp Pendleton); and Jeffrey Schneider, DC.

CAMP PENDLETON, Calif. — Everyone was there, from base commander Major General Reinke to a number of enlisted patients who had already been enjoying chiropractic care at Camp Pendleton for two months. The event was the official grand opening of the chiropractic clinic at the Naval Hospital at Camp Pendleton in Southern California, just east of San Clemente. The Camp Pendleton chiropractic clinic is one of 10 taking part in the Chiropractic Health Care Demonstration Program (CHCDP) established by the US Department of Defense (DOD).

Fig 16. *Official grand opening of chiropractic services at Naval Hospital Camp Pendleton, December 12, 1995. Image reproduced with permission from MPA Media.*



Dr. Scott Gilford adjusts a patient at Camp Pendleton in California, one of 15 sites used to evaluate the usefulness and efficacy of chiropractic in the military.

Pioneering Doctors:
Demonstration Participants Clear the Path for Chiropractic in Military

Fig 17. *Scott Gilford performs an examination and treatment on a Marine at Camp Pendleton. Reproduction of image courtesy of American Chiropractic Association (http://www.acatoday.org).*[37]

time. The chiropractors were mentally prepared to leave their jobs, because the CHCDP was not supposed to be a permanent program. Fortunately, the Department of Defense leadership decided to continue to fund the chiropractic positions until a decision was made whether to keep chiropractic care as a permanent benefit for service members.

The military had hired a consulting firm (Birch & Davis Associates, Inc, Falls Church, VA) to provide administrative services and other functions to the government during the CHCDP. After the CHCDP was complete, Birch & Davis submitted a final report, commonly known as the Birch & Davis report, to the assistant secretary of defense for health affairs in February 2000.[30] The chiropractic members of the OAC were provided the opportunity to review the Birch & Davis report and submit a response. They did so, submitting their report at the same time. The OAC chiropractors were assisted in preparing the report by Muse and Associates (Washington, DC); thus, their report is often referred to as the Muse report.[31]

Although there were points of disagreement between the reports, both highlighted many positive aspects of the CHCDP. The Birch & Davis report corroborated the early observations of the deputy assistant secretary of defense for health affairs pertaining to utilization of chiropractic care. In final data analyses, it was shown that "active duty beneficiaries clearly have a strong demand for chiropractic services, and this demand is strictly increasing with age."[30] Doctors of chiropractic attained higher levels of patient satisfaction than other providers. Chiropractic care in the CHCDP also demonstrated higher levels of effectiveness for low back pain when compared to traditional medical care. The Birch & Davis report stated, "The health status analysis shows that patients seen by doctors of chiropractic showed greater improvements in five health status scales (Roland-Morris, pain severity, performance level, activity level, and perceived health)."[pIV-48] Chiropractic care was also associated with higher levels of military readiness for duty when compared to traditional medical treatment. The chiropractors had made the profession proud.

After the Demonstration Project: Establishment of Permanent Benefit Program

After the CHCDP, Congress in the year 2000 approved the development of permanent chiropractic services and benefits for members of the uniformed services.[32] This ushered in the expansion of the chiropractic care benefit to several MTFs,[22] starting as soon as September 2002 (Appendix C).

With this new influx of DCs, more communication between the MHS chiropractors commenced. As well, lessons learned from starting chiropractic clinics in the CHCDP were shared with chiropractors starting clinics in the new military locations. Despite being aware of some of the struggles and victories of the CHCDP chiropractors, the "second wave" DCs still had to learn for themselves what it was like to be a chiropractor in the MHS.

New Permanent-Benefit Site: Naval Medical Center San Diego. Naval Medical Center San Diego was one of the first MTFs to start chiropractic services after the passage of the National Defense Authorization Act for Fiscal Year 2001. It is the largest West Coast military tertiary care center, with more than 6500 staff members who serve more than 100 000 beneficiaries. A 272-bed multispecialty hospital, the main complex consists of 1.2 million square feet on a

Having not worked in a hospital system, let alone a military 1, we were curious about their expectations of us and could only imagine their concerns. The advice from our department head was to push forward, do the best work possible, and pay little attention to the naysayers. Members of the hospital staff were equally curious about their new chiropractors.

It was a new experience as a chiropractor to work within a hospital and care for patients in a multidisciplinary HMO type of environment. Unlike private practice, there were no turf concerns over monetary issues between providers of various disciplines, however we came to understand quickly that there were political types of turf to be aware of and navigate. We were fortunate to have some outstanding administrators and staff watching our backs. We typically travelled as a pair around the hospital, and closely stuck to our department head who worked to smooth the path before us. Without that support it would have potentially been a very different experience.

From the moment I started on my CHCDP journey, I aimed to provide the best chiropractic had to offer, to be a chiropractic ambassador, network with hospital staff, and become integrated as a seamless component of the system. I was acutely aware that my actions could influence the future of our profession. It was important to stay in "our own lane" within the military medicine culture, to demonstrate that chiropractors were team players, and to be an example of all of what they had been previously missing without the benefit of chiropractic staff members.

One highlight of my time spent at NHCP was the opportunity to be a contributor at the annual Orthopedic Stand Down. Every year the hospital orthopedics department sponsored a 1-day musculoskeletal seminar for general medical officers and independent duty corpsmen. These (usually) young physicians and highly seasoned corpsmen worked in the clinics and deployed with the Marine Corps units. The goal of the stand down was to provide education on essential information related to various musculoskeletal conditions. We were offered to teach the back pain portion of that conference, an honor we received for nearly 17 years. Our role as recurring subject matter experts and lecturers at Camp Pendleton for front line service members is evidence of the accomplishments we made in the CHCDP to integrate into our military hospital. It was a very rewarding and memorable part of my 24-year career in the MHS.

Fig 18. *Character: A view from a Demonstration Project chiropractor—Scott Gilford, Marine Corps Base Camp Pendleton.*

78-acre campus.[33] An additional 11 community outpatient care clinics are part of the command.[34]

Three chiropractors were contracted to start at Naval Medical Center San Diego on September 29, 2003: Galen Kishinami, David Ward, and Bart Green. Ward was 1 of the original CHCDP chiropractors, transferring from Scott Air Force Base to San Diego. Kishinami transferred from Andrews Air Force Base, and Green was new to the MHS. Kishinami and Green were part of the second wave of DCs in the MHS. Regardless of their level of experience in the MHS, each was uncertain about how chiropractic would be received at a flagship naval medical center. Green recounts his early experiences (Fig 22).

Fig 19. *Richard Beacham and Jon Buriak at Walter Reed Army Medical Center. Photograph courtesy of Richard Beacham.*

One of the unique traits of the MHS chiropractors has been their capacity to adapt to their situations. Chiropractors have been placed in departments of sports medicine, orthopedics, physical therapy, and others, and had superiors in nearly every health care profession. Although this could have been a barrier to chiropractic services among MTFs, it has instead provided improved integration and served as a facilitator to building chiropractic services. At Naval Medical Center San Diego, chiropractors worked in entirely integrated clinics; there were no stand-alone chiropractic offices (Fig 23).

Space, personnel, and resources were shared by many disciplines, including physical therapy, occupational therapy, primary care, sports medicine, orthopedics, and other disciplines. In San Diego, all 3 chiropractors had 1-month patient waiting lists before they even arrived, and referrals were received from many departments. For the program to be a success, integration was a critical part of the provision of chiropractic care in the MHS. Green recounts his experiences with integration (Fig 24).

Referrals were from various departments, including between chiropractic departments, especially when MTFs with chiropractors were located in close proximity. With less than 50 miles separating the Camp Pendleton and San

Fig 20. *Bill Morgan adjusts a service member at National Naval Medical Center. Photo courtesy of Bill Morgan.*

Diego chiropractors, patients were sometimes referred between chiropractors at the 2 commands. Communication between the locations facilitated the integration of services in the San Diego area (Fig 25).

Chiropractic care was welcome relief, not only to the patients who were served but to their commanders, who relied upon their troops to be fit for duty (Fig 26). It is challenging for pilots with musculoskeletal problems to fly aircraft, and there are very few medications that pilots are allowed to take while on flight orders.[35,36] The same is true for special operators of the Sea, Air, and Land (SEAL) teams, police officers, submariners, aircraft maintainers, explosive ordnance personnel, and other special groups the chiropractors served. With integration and requests from leaders of various special populations, chiropractic care in San Diego expanded from 3 clinics to 6 within a few years, including the prestigious Comprehensive Combat and Complex Casualty Care at the naval medical center.[8,37]

By the time the permanent benefit program started, published studies about chiropractic care in the MHS were sorely needed. There were no studies about chiropractic care of military members authored by a chiropractor working in a MTF. Chiropractors were hired to provide care, not to do research. It was expected that 36 of the 40 weekly work hours were spent on direct patient care, providing no time for academic or research pursuits. It was not until 2005, the 10th year of chiropractic in the MHS, that an article was submitted to a peer-

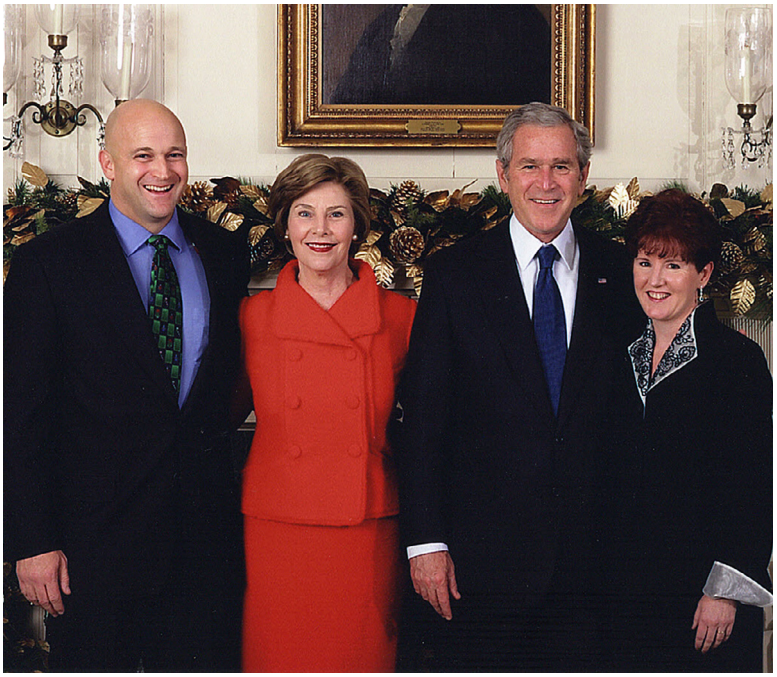


Fig 21. *Conduct becoming a chiropractor was essential. Bill Morgan (far left) and his wife, Clare Morgan (far right), meet with President George W. Bush and his wife Laura Bush at the White House Christmas party.*

The 3 of us (Drs Kishinami, Ward, and myself) were integrated as a Division of Chiropractic within the Department of Physical and Occupational Therapy. The Commander who was our department head let us know that the orthopedic and physical therapy departments had battled over which one would get the chiropractors when they came to the MTF. Even though neither department knew how relations might go with a chiropractor, each department wanted us because they knew that the other MTF chiropractors were high producers. The Department of Physical and Occupational Therapy won.

At our first department meeting, we were warmly welcomed to the department and immediately felt like part of the family. Each of us was assigned to a different Naval Branch Health Clinic. I was selected to set up chiropractic services at Marine Corps Air Station Miramar. Within a few days of starting at Miramar, I was instructed to go to the health care providers' lunch meeting to meet the other health care providers. They were all were active or retired Naval officers (physicians, physician assistants, nurses, nurse practitioners). When I introduced myself as the new chiropractor, to my surprise, they started clapping and stood up and welcomed me to lunch.

I was humbled by the gesture of the officers. I later found out that because they were familiar with the success of the CHCDP and the many requests for chiropractic care from service members, they were very happy to have a chiropractor as part of the staff. Chiropractors' work ethics were already known throughout the Navy, as evidenced by the warm welcomes I received. The responsibility that I felt made it clear that the conduct of chiropractors in this environment was critical to the continued success of the profession in the MHS.

Within my first week, I received a phone call from Dr Scott Gilford at Camp Pendleton welcoming me to Navy medicine. He graciously provided advice, points of contact, and resources to assist with the implementation of chiropractic services. Little did I know that he would become a trusted colleague and friend. I also received a phone call from Dr Duane Lowe, another original CHCDP chiropractor, extending a welcome to the Department of Defense chiropractic program, who offered additional help. Between the welcome from our department, the Miramar providers, and the CHCDP chiropractors, I was encouraged that this was going to be a fun and exciting part of my career.

Fig 22. *Reception: A view from a new permanent-benefit site—Bart Green, Naval Medical Center San Diego.*

Fig 23. *Signs like these are common at military treatment facilities where chiropractors work together with many other health care professionals. Photograph courtesy of Bart Green.*

reviewed journal by an MTF chiropractor, resulting in the first such publication the next year.[36] The article, a case report authored by an interdisciplinary team at Marine Corps Air Station Miramar, broke the ice; more articles were published in later years.[8,10,35-39]

Many chiropractors found the opportunity to be fully immersive at their locations. Participation in community events, rites of passage, and other activities was welcome and enriched the experience for both chiropractors and the community. Green describes his experience (Fig 27).

The permanent benefit was attractive to many chiropractors, but there was 1 doctor who was particularly eager to participate. Beacham worked at 3 MTFs after his time as senior policy consultant in the CHCDP: Kimbrough Ambulatory Care Center at Ft Meade, Malcolm Grow Medical Center at Andrews Air Force Base, and David Grant Medical Center at Travis Air Force Base.

New Permanent-Benefit Sites: Kimbrough Ambulatory Care Center, Malcolm Grow Medical Center, and David Grant Medical Center. Kimbrough Ambulatory Care Center was originally an Army hospital that today is much larger and part of the Walter Reed National Military Medical Center. It offers a full range of health care services, including an emergency facility and surgery center.[40] Malcolm Grow Medical Center provides medical homes for all ages and a complete range of medical services, subspecialties, surgery, dental care, aerospace medicine, and ancillary service lines. It provides medical care for over 500 000 beneficiaries.[41] David Grant Medical Center also provides a full spectrum of health care to more than 130 000 TRICARE eligible patients in the San Francisco/Sacramento area, in addition to more than 377 000 eligible veterans.[42]

Beacham's perspective as a treating doctor in the expansion period was unlike those of the other chiropractors, because he had served as the senior policy consultant to the OAC during

Integration was a key concept during my experience. While I had always valued and participated in interdisciplinary activities, the MHS environment was ready for integrative opportunities. Weekly provider meetings were instrumental in creating a team environment where siloes of care were discouraged. In these meetings we learned from each other and helped solve problems, which created an environment of gratitude and respect.

Because chiropractic was new at this facility, it was my responsibility to demonstrate the clinical and social skills to create trust and to provide information to the other providers about how a chiropractor might help patients. I made myself available for hallway consultations, attended clinic meetings, and taught in clinic training events. Participation influenced the integration of chiropractic services at the locations where I worked. Once trust was built, the other providers showed even greater interest in seeing how chiropractic care could potentially help our patients. When the focus of the conversation stayed on the needs of the patient, we made phenomenal headway.

In the military environment, there is very little private space. Thus, it was easy to walk down the hall, find a Marine's flight surgeon and rapidly develop a coordinated plan of care. This happened both ways. I frequently had taps on my door requesting similar consultations.

I worked with some excellent Navy physical therapists on some challenging cases. Though a few may have had initial skepticism of chiropractic, this was put aside once we had opportunities to collaborate to benefit our patients. Clinical acumen, availability, and affability always won over preconceived notions of worth based upon professional affiliation. Being in a physical therapy department led to the co-management of and consultation on hundreds of cases. Co-location also afforded us opportunities to exchange new information found in the scientific literature, participate in one another's patient encounters, publish papers together, and develop clinics together. When working together for the benefit of our patients, there were noticeable positive outcomes and the building of career-long relationships.

Corpsmen were a critical part of the teams that I had the privilege to work on. They were the glue that held the clinics together. In our clinics they not only carried out most of the administrative work, they also provided a significant amount of patient care. Their input on cases, contacts with Corpsmen in other departments, ability to acquire supplies, and many other talents facilitated and elevated integrated care and support of chiropractic services.

The epitome of integration was the Comprehensive Combat and Complex Casualty Care program in San Diego. This program provided a high level of interdisciplinary treatment to patients with polytraumatic injuries, including amputations, traumatic brain injuries, posttraumatic stress disorder, and multiple orthopedic injuries. Patients had injuries that would be unimaginable to many health care providers. Our team included a vast array of specialties and each of us brough our unique skill sets and knowledge to the team to best care for these patients. Given the immense complexity of patient cases, everyone's ideas were considered; we were all using the best knowledge, skill, and compassion to guide our art. On many occasions we would work on the same patient at the same time, or immediately preceding or following 1 of our teammates. When patients with serious injuries were embraced by an interprofessional team, great things happened. The experience raised my clinical skills, knowledge, empathy, and teamwork in incalculable ways, and I am immensely grateful to have had this opportunity.

Fig 24. *Integration: A view from a new permanent-benefit site—Bart Green, Naval Medical Center San Diego.*

the entire CHCDP and had taken part in the program before it even started. He recounts his experience (Fig 28).

As can be seen through these examples and recountings of events, providing chiropractic care in the MHS was hard but rewarding work. Fulfillment often comes in ways that are beyond financial, such as being part of a team that is responsible for achieving excellence in care or delivers effectiveness in ensuring military readiness. Sometimes simply helping a service member pass their physical fitness test was the greatest reward of all. Donald Baldwin at Naval Hospital Jacksonville, himself a Navy veteran, related:

> I'm proud of my wall of 50+ baseball caps from every ship and squadron in our area, given by patients or COs as a small gesture of appreciation. In private practice, patients are appreciative to a degree. However, they come in and pay for a service, expect results and leave. In the military, no money changes hands, but the appreciation to finally have someone that can find their problem, fix it and yes, save a career, to them is a gift from heaven. We go home each night feeling GOOD about what we are doing.[43]

Discussion

Although it is impossible to predict the future of MHS chiropractic services, we hope to see continued growth in several areas. The Department of Defense states that it has established a chiropractic benefit for active duty personnel.[22] It has claimed in official policy that "the chiropractic health care benefits program is fully implemented."[44] However, chiropractic care is available at only 60 of approximately 400 (15%) existing MTFs. This shows that the program is not yet fully implemented at all facilities. Given our knowledge of the system, it may be reasonable to say that the majority of MTFs globally include rehabilitation teams. As this report and other research suggest, chiropractors can be valuable assets in these health care teams.

Integration of chiropractic services has not yet been implemented at 85% of facilities. We believe that chiropractors should be included at all MTFs where there are

Fig 25. *Naval Hospital Camp Pendleton and Naval Medical Center San Diego chiropractors meet for the first time, 2004. (Left to right) Jeffrey Schneider, Bart Green, Scott Gilford, David Ward, and Galen Kishinami. Photograph courtesy of Bart Green.*

rehabilitation teams. Given that approximately a dozen acts of Congress were required to get the chiropractic program this far,[8] it stands to reason that further lobbying and legislation might be required to make this a reality. We suggest that chiropractic political organizations should lobby to make this happen.

Although active duty service members have access to chiropractic care on base, this is not necessarily true for their dependents or for some retirees. During the early years of the Demonstration Project, chiropractors were allowed to provide care for dependents and retirees. This was a successful part and much sought-after benefit of the program.

However, when the Department of Defense permanently adapted the program, it no longer provided these individuals with chiropractic care. Thus, dependents are not allowed to see the chiropractors at the military facilities and must pay out of pocket for care outside of MTFs. Military retirees may seek chiropractic care if it is available at their closest Veterans Affairs facility. If not, they may be able to acquire a referral to a chiropractor in the community. However, they are ineligible for care to see an MTF chiropractor, even if this care is available at an MTF close to their home. Thus, they too must pay out of pocket for chiropractic care unless they are approved for care on a fee basis in the community. To us, this seems unjust. Even if chiropractic were utilized similarly to a dental benefit, with a copayment for non−active duty members, we believe that it would be an important addition to MHS health care. Although there has been discussion of such a concept, we are unaware that it has progressed to action.[45]

Health care disciplines in the MHS have a point person (sometimes known as a specialty advisor) across facilities who is a peer. This person acts as a representative of the profession and assists in coordinating professional activities within the MHS. Currently, there is no such position in the MHS for the chiropractic profession. There is therefore no central chiropractic director or coordinator to provide administrative oversight of programmatic development, national coordination of communication between MHS chiropractors, and efforts toward standardizing care, conducting research, enhancing continuing education, and developing training opportunities. After 25 years of the success of this program, we believe that it would be timely for MHS to facilitate and encourage its chiropractors to communicate, identify areas of needed improvement, and standardize the delivery of chiropractic care being provided.

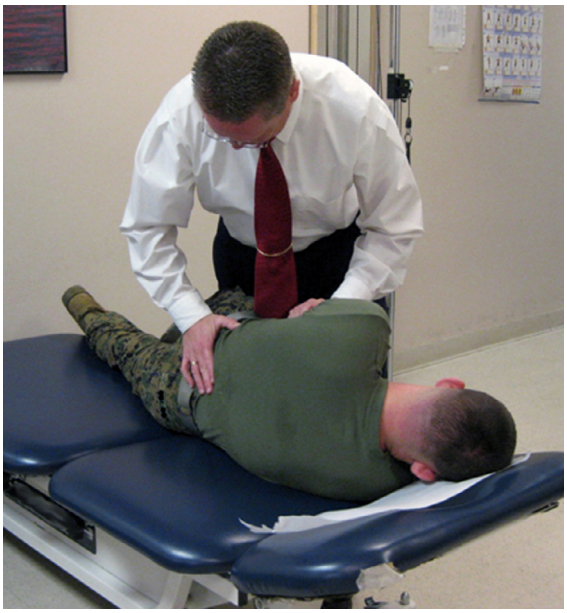


Fig 26. *Bart Green providing chiropractic care to a Marine military police officer at Marine Corps Air Station Miramar. Photograph courtesy of Bart Green.*

In 1992, Congress passed the National Defense Authorization Act for Fiscal Year 1993, which allowed the US military the ability to appoint chiropractors as commissioned officers.[13] Nearly 30 years later, none have been appointed. Budget shortfalls have been the prevailing explanation for a lack of action on this item. We hope to see this change in the future. Commissioning chiropractors in the military is another item that will likely take further legislative action.

We believe that further development of the chiropractic program will be realized with more research. With an increased concern over the use of medications (eg, opioids) for pain management, chiropractic can be assessed for its merit as a desirable form of nonpharmaceutical treatment for musculoskeletal concerns. Given the many military occupations that prohibit individuals from taking prescription medications, we have seen that many service members prefer chiropractic over medications. Similar sentiments have been shown by the physicians who watch over their troops. Recently, studies have shown benefits of chiropractic care to military service members.[46-49] We hope that this is just the beginning and that with more evidence, the chiropractic profession will continue to evolve in the MHS.

Immersion is a key word that describes my experience. One of my goals when I came to work for the military was to integrate not only into military medicine, but also into the community that I served.

Service members, particularly Marines, enjoy sharing their stories. Through these communications, I gained a better understanding of their work environment and why they might be seeking care, in addition to learning about their military life.

I worked to earn the trust of service members and they embraced the idea of a health care provider being genuinely interested in their work. To better understand their work conditions, one my patients who was an aerospace physiologist invited me to see his work on the flightline. After clinic hours, he showed me the cockpits and pilot ergonomic layouts. Another patient shared his work environment in the portable logistics workstations, which were converted shipping containers, so I could see what the computer ergonomics were like, how they were possibly contributing to neck pain, and how they might be reconfigured for prevention purposes. I was also invited by patients who were pilots to "fly" in helicopter and jet simulators. These aviators taught me about the cognitive energy needed to fly the various aircraft and the mental fatigue and stress that went with it, in addition to the musculoskeletal concerns. The commonality in these experiences was that each military occupational specialty had its own challenges and predisposing factors for musculoskeletal problems. I learned a lot from these experiences. By immersing myself in the world of the people I served I could provide better chiropractic care since I had a better understanding of their experiences.

My wife and I extended professionalism into various service activities that we became involved in over the years. The Marines and sailors were very appreciative of our community service. If it is possible for Marines to adopt chiropractors, I think that we were brought into their family. We learned that Marines take the concepts of family and leadership to the highest possible levels. This family aspect of the military health experience was something that I had not anticipated when I set out on my journey. This involvement helped to build successful integration of chiropractic healthcare into the culture of those I served.

Along with the exciting events came the somber ones. Nothing had previously prepared me for the breadth and depth of loss that I experienced during my time providing care for uniformed service members. Some patients with spine concerns that I treated before they deployed came home with serious mental and physical wounds. Some of my patients gave the ultimate sacrifice and did not come home from their deployment. Others committed suicide. These losses were felt by everyone. These experiences taught me much and underscored the frailty of life and how important it was to treasure the time spent with one another.

Marines and sailors came to occupy a very meaningful part of my life and still do. Serving those who serve the United States has been the greatest honor in my career. I am proud to have been a part of the cadre of doctors of chiropractic that made a positive difference in the care of our uniformed service members and their communities.

Fig 27. *Immersion: A view from a new permanent-benefit site—Bart Green, Naval Medical Center San Diego.*

We write this article in honor of the silver anniversary of chiropractic in the MHS and the chiropractors who made it a success by honoring the positions that they occupied. Although health care is its own calling, there is something extraordinarily meaningful about watching over the health of the men and women who protect our nation. The late Greg Lillie summed this sentiment up nicely: "What a privilege it is to be able to provide chiropractic care to our active duty military personnel. It is truly an honor to work with the men and women serving our country. I thank God daily for having such an opportunity."[50]

Limitations

As this is the first article to chronicle the history of chiropractic in the MHS, we encountered some difficulties in filling in some gaps. This article is limited to the early years of the program, leaving the remaining expansion of the permanent-benefit program untold. It does not recount every event during the 25 years of chiropractic in the MHS, particularly some of the significant struggles arising out of the real or perceived discrimination against chiropractors and turf wars. The passing of some of the original CHCDP chiropractors has left gaps in the history of chiropractic in the

I continued to be involved with chiropractic care in the MHS after the ending of the CHCDP, but not as a consultant. I was fortunate to start a new phase of my career as a practicing chiropractor within the MHS. Shortly after the CHCDP I was contacted by Aliron and asked if I would like to open a chiropractic clinic at the Kimbrough Ambulatory Care Center at Fort Meade, MD. After years assisting in the startup of the CHCDP clinics, this was something I was excited to do. When I arrived, I was assigned to the orthopedic department and worked very closely with orthopedic MDs and physical therapists. At that time, Kimbrough had been downsized from a small inpatient facility with few beds to an ambulatory clinic with no inpatient care.

The MTF hierarchy had not changed. Command officers were usually medical doctors. At smaller MTFs they were sometimes nurses or dentists. Regardless, these military officers/providers were often skeptical of chiropractic but curious and desired to know more about chiropractic integration into the MHS. With my military officer experience, I was perhaps more comfortable than most chiropractors coming into the MHS for the first time. Even though retired, senior officers continue to be afforded respect by active duty personnel. After 10 years of negotiating the process of starting the chiropractic program with some of the most influential figures at the Pentagon, I was not new to the process of answering command officers and had a slightly different perspective in my time as a provider.

In my first 2 or 3 weeks at Kimbrough I was constantly visited by other providers and observed while taking patient histories, examining patients, developing treatment plans and then implementing treatment. Although this form of peer review is common in the military environment, I seemed to be getting more of this attention than was typical. As I examined and treated patients, I verbally explained what I was doing as I often did for students when I was teaching. At the same time, I would answer multiple questions by the doctors that were skeptical and concerned for their patients. Most of the time, these providers, who were often leaders, had no knowledge of chiropractic care and they were usually impressed with the process saying they had no idea that chiropractors had such thorough training. These interactions usually turned from skepticism to at least a more objective perspective on what I did as a chiropractor and I would later receive referrals.

Objectivity and working under the assumption that people were curious about chiropractic and not merely skeptical was an important perspective that I brought with me from my times in the OAC. My first department head, an Army Major who was a physical therapist, had an old L5 spondylolisthesis and constant dull low back pain. After we reviewed his x-rays together, he said, "Can you heal this?" I told him that it had already healed and that I could not change it but I could probably ease some of his pain with manipulation and then with his knowledge of physical therapy he could continue to use therapeutic exercise and minimize his pain. He was disappointed, having heard that chiropractic could "heal" things, but appreciated my objectivity. As a physical therapist he understood the potential relationship between chiropractic and physical therapy. After a few treatments and tracking his improvement he began his own exercise routine and learned how to minimize and manage the residual discomfort. We had several conversations later and he reported that his low back pain was almost gone. I told him he may become asymptomatic over time with his body adapting to its' new condition but with even minimal trauma he could probably benefit again from chiropractic treatment in the future. We would then talk about how this could be used in the field. My military experience was helpful during these times because I was familiar with field exercises and conflict. However, in times of peace, soldiers experience musculoskeletal injuries in addition to broken bones and firearm wounds. He could see how this new service could benefit readiness and minimize the use of drugs in the field.

(continued in next panel)

Fig 28. *A unique view of the new permanent-benefit program—Richard Beacham, Kimbrough Ambulatory Care Center, Malcolm Grow Medical Center, and David Grant Medical Center.*

(continued from previous panel)

Thursdays were always exciting; they were rounds day. On that day 1 of the clinic practitioners would review a case in front of the other department providers and then take questions. My most memorable case was a young soldier who had undergone surgery for Chiari malformation many years earlier. He suffered from general neck pain and arm pains because of residual radiographic dye. He had been examined by several other doctors and, after deciding there was nothing they could do, they decided to give chiropractic a try. After several sessions of flexion distraction and gentile manipulation the soldier began to notice his symptoms were improving. Later he returned and said he was able to play basketball with his son again and would be forever grateful. I have never experienced the appreciation of a large number of medical practitioners as I did that day. I think chiropractic scored a particularly good size win and was probably remembered for a long time thereafter.

After working at Kimbrough Ambulatory Clinic for 1.5 years I was contacted by Aliron and asked if I would like to work in the clinic at Andrews Air Force Base. This was a multibed large hospital and provided a much larger patient population. I agreed to work at Andrews and, again, was not disappointed. I was able to see patients from the Pentagon, the general Washington, DC area, and the President's Air Force One personnel. When they found out I was retired from the Navy, it always opened conversations to many more subjects. I once told a patient I had attended the National Defense University to study national defense issues and we met several times later just to discuss the subjects covered in my classes. These conversations had an effect and he eventually enrolled in the University and said it was a great experience.

After 1.5 years I was contacted by Dr. Perry Paschall, 1 of the early CHCDP chiropractors, at Travis Air Force Base. I had met Dr. Paschall while conducting surveys at the original 10 MTFs that participated in the CHCDP. He was retiring and informed me of that position becoming available. Travis Air Force Base was only a 1.5 hours commute from my home; so, I was anxious to move to Travis where care was provided at the David Grant Medical Center. David Grant is an amazing healthcare facility. All of the practitioners I met and worked with were open-minded professionals that only wanted the best for their patients. Galen Kishinami, DC, my coworker, had moved from Naval Medical Center San Diego. He is an exceptional doctor of chiropractic who I enjoyed working with. The chiropractic clinic was located next to the neurosurgical clinic. This allowed us to discuss cases with neurosurgeons and even observe surgical procedures. Any time we were able to help a patient avoid surgery it was considered a win by both the chiropractors and the neurosurgeons.

Fig 28. Continued

MHS. This affected our research, as evidenced by our inability to find names for some of the original doctors in Figure 7. We were unable to contact some of the CHCDP chiropractors, as their contact information led us to dead ends or there was no contact information. Their recollections or personal collections of materials may have provided further context and substance for this research. The contents of this article are also subject to our own recall biases. It is based on our experiences and does not necessarily represent the experiences had by chiropractors at other MTFs.

Conclusion

Whether starting in the CHCDP or the permanent benefit program, the early MHS chiropractors were instrumental in demonstrating that chiropractic care was beneficial to service members, effective, and feasible to implement. Many chiropractors sacrificed their family lives and served as geographic bachelors to initiate the program. Building relationships with other providers, staff, administrators, and military leaders was essential to the success of these programs. For chiropractors, this was a formidable task, because hospital-based chiropractic care was not common during the period that we report.

There were many noteworthy achievements made in the early years of chiropractic implementation in the MHS. These pioneering chiropractors are commended for their outstanding representation of the profession while caring for the deserving members of the United States uniformed services.

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Supplementary materials

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Contributorship Information

Concept development (provided idea for the research): B.N.G., S.R.G., R.F.B.
Design (planned the methods to generate the results): B.N.G., S.R.G.
Supervision (provided oversight, responsible for organization and implementation, writing of the manuscript): B.N.G.
Data collection/processing (responsible for experiments, patient management, organization, or reporting data): B.N.G., S.R.G., R.F.B.
Analysis/interpretation (responsible for statistical analysis, evaluation, and presentation of the results): B.N.G.
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Critical review (revised manuscript for intellectual content, this does not relate to spelling and grammar checking): B.N.G., S.R.G., R.F.B.

Practical Applications

- The history of chiropractic in the US Military Health System has not been published. This article records and highlights some of the milestones of the early years of chiropractic in the system.
- Chiropractic care in the Military Health System began in 1995 with a trial demonstration program, the Chiropractic Health Care Demonstration Program.
- The program was extended as a permanent benefit to active duty uniformed service members in the year 2001.

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